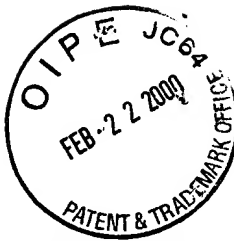


484200.0003(ICON-102)



PATENT

FILE COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

----- X
In the Application of:)
Lance LUNDBERG et al.)
Serial No: 09/465,506)
Filing Date: December 16, 1999)
For: SYSTEM AND METHOD FOR 0
SUPPORTING A SECURITY -)
TRADE FINANCING SERVICE)
----- X

RECEIVED
MAR 27 2000
TC 2700 MAIL ROOM

Assistant Commissioner for Patents
Washington, DC 20231

Attn: Office of Initial Patent Examination's
Customer Service Center

REQUEST FOR CORRECTION OF FILING RECEIPT

Sir:

The Filing Receipt for this application (annexed hereto), received by applicant's undersigned attorney on February 11, 2000, states the second named inventor incorrectly. The name should be changed

FROM: GIJIS F J VAN THIEL

TO: **GIJS F J VAN THIEL**

Applicant respectfully requests the correction of the filing receipt and all other pertinent Office records accordingly.

Please indicate your receipt of this application by applying your date stamp to the enclosed postage-prepaid postcard and drop it in the mail to us.

Respectfully submitted,

James W. Jakobsen Reg. No. 38,505
Cummings & Lockwood
P.O. Box 120
Stamford, CT 06904-0120
Tel. (203) 351-4200
Fax. (203) 351-4535

Date: February 15, 2000

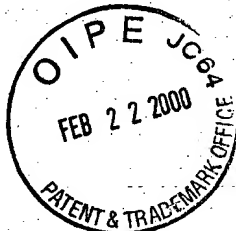
FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/465,506	12/16/99	2761	\$599.00	ICON-102	17	40	1

021832
CUMMINGS AND LOCKWOOD
GRANITE SQUARE
700 STATE STREET
P O BOX 1960
NEW HAVEN CT 06509-1960



RECEIVED

FEB 11 2000

CUMMINGS & LOCKWOOD

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) LANCE LUNDBERG, WESTPORT, CT; ~~GIJS F J VAN THIEL~~,
NEW YORK, NY. *GIJS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/04/00 ** SMALL ENTITY **
TITLE
SYSTEM AND METHOD FOR SUPPORTING A SECURITY- TRADE FINANCING SERVICE
PRELIMINARY CLASS: 705

RECEIVED
MAR 27 2000
10:2700 MAIL ROOM

DATA ENTRY BY: BURSE, JANICE

TEAM: 06 DATE: 02/04/00



(See reverse for new important information)



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

FILE COPY

SERIAL NUMBER 09/465,506	FILING DATE 12/16/1999 RULE -	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. ICON-102
------------------------------------	---------------------------------------------------	---------------------	-------------------------------	----------------------------------------

APPLICANTS
 LANCE LUNDBERG, WESTPORT, CT ;
 GIJS F. J. VAN THIEL, NEW YORK, NY ;

**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 02/04/2000**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 17	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 1
-------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------	-----------------------------	---------------------------	--------------------------------

Verified and Acknowledged Examiner's Signature Initials

ADDRESS
 CUMMINGS AND LOCKWOOD
 GRANITE SQUARE
 700 STATE STREET
 P O BOX 1960
 NEW HAVEN, CT 065091960

TITLE
 SYSTEM AND METHOD FOR SUPPORTING A SECURITY- TRADE FINANCING SERVICE

FILING FEE RECEIVED 599	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit